Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT K BACKGROUND INVESTIGATION REQUIREMENTS FOR LOCAL NATIONALS

1. Vetting Procedure

Non-U.S. citizens performing on this contract must be investigated and approved by the Agent in Charge/Regional Security Officer at the location where the individual is assigned.

2. Required Forms

The Contractor shall submit a completed OF-612 (attached), together with an appendix containing the information listed below, for each proposed EXPAT and TCN guard force member to the Regional Security Officer at the U.S. Embassy in Kabul for investigation and approval. The OF-612 can be downloaded in PDF format from the Office of Personnel Management website at http://www.opm.gov/forms/html/sf.asp and in TXT format from the USA Jobs website at http://www.usajobs.opm.gov/of612.asp. The Contractor should disregard all blanks on the OF-612 that are used for purely domestic purposes, such as the blanks for announcement number, social security number, state, zip code, veterans preference, and prior federal employment.

- 3. Information Required for Appendix to OF-612

 The appendix to the OF-612 shall contain the information below (listed in the order shown).
- 3.1. Countries Lived in the Past 10 Years

 List the countries and the addresses at which the EXPAT or TCN has lived, as well as the name and number of a non-relative who can corroborate this information.
- 3.2 Date and Place of Birth
- 3.3 Passport Numbers of All Countries of Citizenship
- 3.4 Contact Addresses and Telephone Numbers (if Available) for Confirming Military Service Record
- 3.5 National Insurance Number, Tax Identification Number, or Other Identification Issued by Country of Citizenship or Birth
- 3.6 Name, Address, and Telephone Number (if Available) of Relatives
- 3.7 Countries Visited in the Past 10 Years and Reason for Visit
- 3.8 Dates and Nature of Work and Contact Information for Work Performed in Countries other than Country of Citizenship or Birth

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| . (| JOB TITLE: GRADE(S) APPLYING FOR: ANNOUNCEMENT NUMBER: LAST NAME: | N/AN/AFIRST, MIDDLE: |
|------|---|--|
| i. ! | SOCIAL SECURITY NUMBER or O | THER VERIFIABLE NUMBER: |
| . 1 | MAILING ADDRESS: | |
| (| CITY/STATE/ZIP: | • · |
| . 1 | PHONE NUMBERS (include area c | ode) DAYTIME: |
| r | 8. WORK EXPERIENCE: Describe related to the job for which you are a descriptions) | your paid and nonpaid work experience applying. (Do not attach job |
|) | JOB TITLE: | |
| F | FROM (MM/YY): TO (MM/Y | Y) : |
| | SALARY: \$ per HOU! | RS PER WEEK: |
| • | EMPLOYER'S NAME: | |
| - | AND ADDRESS: | |
| | SUPERVISOR'S NAME: | · · |
| _ | AND PHONE: | · · |
| - | DESCRIBE YOUR DUTIES AND AC | CCOMPLISHMENTS: |
| J | IOB TITLE: | |
| _ | FROM (MM/YY): TO (MM/Y | Y) : |
| | | RS PER WEEK: |
| J | SALARY: \$ per HOU | • |

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| SUPERVISOR'S NAME: |
|---|
| AND PHONE: |
| DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS: |
| 9. MAY WE CONTACT YOUR CURRENT SUPERVISOR? (If we need to YES [] contact your current supervisor before making an offer, we will contact you first.) NO [] |
| EDUCATION Some HS [] Bachelor [] 10. MARK HIGHEST LEVEL COMPLETED: HS/GED [] Master [] Associate [] Doctoral [] |
| 1. LAST HIGH SCHOOL or GED SCHOOL: |
| CITY/STATE/ZIP(if ZIP known): |
| YEAR DIPLOMA or GED RECEIVED: |
| 12. COLLEGES AND UNIVERSITIES ATTENDED (Do not attach a copy of your transcript unless requested.)1) NAME: |
| CITY/STATE/ZIP: |
| SEMESTER CREDITS EARNED: MAJOR(S): (or) QUARTER CREDITS EARNED: |
| DEGREE (If any): YEAR RECEIVED: |
| 2) NAME: |
| CITY/STATE/ZIP: |
| SEMESTER CREDITS EARNED: MAJOR(S): (or) |
| DEGREE (If any): YEAR RECEIVED: |
| 3) NAME: |

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| | CITY/STATE/ZIP: | |
|--------------------------------|--|---|
| • | SEMESTER CREDITS EARNED: | MAJOR(S): |
| | QUARTER CREDITS EARNED: | |
| | DEGREE (If any): | YEAR RECEIVED: |
| 13. si m lid ac se | HER QUALIFICATIONS Job-related training courses (give table) (give ta | oftware/hardware, tools, -related certificates and honors, awards, and special mberships in professional/honor ic speaking, and performance |
| GEI 14. | NERAL: ARE YOU A U.S. CITIZEN? | YES[] NO[] |
| f | f NO, give the country of your citiz | enship: |
| i. C t | I certify that, to the best of my known formation on and attached to this complete and made in good faith. It is information on or attached to or not hiring me or for firing me afterny information I give may be investigated. | application is true, correct, I understand that false or fraud- this application may be grounds er I begin work. I understand that |
| | SIGNATURE: | DATE SIGNED: |
| - | | • |